



Municipal Form No. 102
(Revised January 1993)
(To be accomplished in quadruplicate)
Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b and 15a.)

REMARKS AND NOTATION
11-19-98

Province Cebu City/Municipality Indillon Registry No. 98-1271

1. NAME (First, Middle, Last) Steven Yuroy Destacamento

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (Day, Month, Year) 4 Nov 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, City/Municipality, Province) Antipolo Med. Cebu

5a. TYPE OF BIRTH (1 Single, 2 Twin, 3 Triplet, etc.) 1

5b. IF MULTIPLE BIRTH, CHILD WAS (1 First, 2 Second, 3 Other, Specify)

6. MAIDEN NAME (First, Middle, Last) Conita R Yuroy

7. CITIZENSHIP FI 8. RELIGION RC

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead:

10. OCCUPATION HL 11. Age at the time of this birth: 37 years

12. RESIDENCE (House No., Street, Barangay, City/Municipality, Province) Antipolo Med. Cebu

13. NAME (First, Middle, Last) Bellier Y Destacamento

14. CITIZENSHIP FI 15. RELIGION C

16. OCCUPATION Laborer 17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) Feb. 24, 1984 Med. Cebu

19a. ATTENDANT (1 Physician, 2 Nurse, 3 Midwife, 4 Healer (Traditional Midwife), 5 Others (Specify))

19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born above at _____ o'clock _____ am/pm on the date stated above.)
Signature: [Signature] Address: Med. Cebu
Name in Print: E.V. CAJALAN Title/Position: PHM Date: 11-19-98

20. INFORMANT (Signature: [Signature] Address: Antipolo Med. Cebu
Name in Print: [Name] Title/Position: [Title] Date: 11-19-98)

21. PREPARED BY (Signature: [Signature] Name in Print: E.V. CAJALAN Title/Position: PHM Date: 11-19-98)

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR (Signature: [Signature] Name in Print: HELENI YARILLA Title/Position: MUNICIPAL CIVIL REGISTRAR Date: 11-19-98)

For OCR USE ONLY
Population Register No. 2021-A98W402-4

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



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